

.CLAIMS ONLY

Application Number 4-21

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

| CLAIMS       | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|
|              | Indep    | Depend | Indep                 | Depend | Indep                  | Depend |
| 1            |          |        |                       |        |                        |        |
| 2            |          |        |                       |        |                        |        |
| 3            |          |        |                       |        |                        |        |
| 4            |          |        |                       |        |                        |        |
| 5            |          |        |                       |        |                        |        |
| 6            |          |        |                       |        |                        |        |
| 7            |          |        |                       |        |                        |        |
| 8            |          |        |                       |        |                        |        |
| 9            |          |        |                       |        |                        |        |
| 10           |          |        |                       |        |                        |        |
| 11           |          |        |                       |        |                        |        |
| 12           |          |        |                       |        |                        |        |
| 13           |          |        |                       |        |                        |        |
| 14           |          |        |                       |        |                        |        |
| 15           |          |        |                       |        |                        |        |
| 16           |          |        |                       |        |                        |        |
| 17           |          |        |                       |        |                        |        |
| 18           |          |        |                       |        |                        |        |
| 19           |          |        |                       |        |                        |        |
| 20           |          |        |                       |        |                        |        |
| 21           |          |        |                       |        |                        |        |
| 22           |          |        |                       |        |                        |        |
| 23           |          |        |                       |        |                        |        |
| 24           |          |        |                       |        |                        |        |
| 25           |          |        |                       |        |                        |        |
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| 27           |          |        |                       |        |                        |        |
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| 49           |          |        |                       |        |                        |        |
| 50           |          |        |                       |        |                        |        |
| Total Indep  |          |        |                       |        |                        |        |
| Total Depend |          |        |                       |        |                        |        |
| Total Claims |          |        |                       |        |                        |        |

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| 98           |  |  |  |  |  |  |
| 99           |  |  |  |  |  |  |
| 100          |  |  |  |  |  |  |
| Total Indep  |  |  |  |  |  |  |
| Total Depend |  |  |  |  |  |  |
| Total Claims |  |  |  |  |  |  |